



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
COUNCIL ON REAL ESTATE APPRAISERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR TEMPORARY PRACTICE PERMIT

INSTRUCTIONS

General Information

The requirements for a Delaware Temporary Practice Permit are:

- The property to be appraised is located in Delaware.
- The appraiser is currently *licensed* or *certified* in another jurisdiction (state, U.S territory or District of Columbia).
- The appraiser's business in Delaware is of a temporary nature and is limited to a particular assignment.
- The appraisal must comply with the Uniform Standards of Professional Appraisal Practice.

If the permit is granted, you may provide appraisal services only for the **assignment** identified on the permit. The term **assignment** means engagement by a single client to appraise one or more properties in a single appraisal contract.

Temporary practice permits expire six months from the date of issue. To request an extension, send a written request to the Council office.

Requirements for All Applicants

- ☐ Submit completed, signed and notarized [Application for Temporary Practice Permit](#).
- ☐ Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ The Council office will verify licensure through the national registry before issuing a temporary practice permit. If disciplinary information is found, you will be asked for more documentation.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

IDENTIFYING AND CONTACT INFORMATION

1. Full Name: _____
Last/Family _____ First _____ Middle _____
2. Other Names Used: ☐ None _____
(Include maiden, prior married, alternate spellings)
3. Date of Birth (month/day/year): _____ Gender: ☐ Male ☐ Female
4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. Federal Registry ID Number: _____
6. **Residence** Address: _____
City _____ State _____ Zip code _____

7. **Residence** Phone: _____ **Residence** Email: _____ ☐ None

8. **Business** Name: _____
The Council office will mail all correspondence, including your permit, to this address.

9. **Business** Address: _____
Street

City State Zip

10. **Business** Phone: _____ **Business** Email: _____

ASSIGNMENT INFORMATION

11. Assignment Identification: _____

12. Property Identification and Location. *Include street address, city, state, and zip code.*

13. Anticipated Duration of Assignment: _____

DISCLOSURES

14. Have you ever received any administrative penalties (disciplinary actions) related to your practice as an appraiser, including but not limited to fines, formal reprimands, license suspensions or revocation (except for license revocations for nonpayment of license renewal fees), probationary limitations, or have you entered into any agreements which contain conditions placed by a regulatory agency on your professional conduct and practice, including any voluntary surrender of a license, certificate or registration in Delaware or elsewhere? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully and a copy of the agency's order.**
15. Are any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you are currently, or were previously, licensed, certified, or registered? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully.**
16. Do you have any impairment related to drugs or alcohol that would limit your ability to act as an appraiser in a manner consistent with the safety of the public? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully.**

To ensure consideration of your license application at the next Council meeting, the Council office must receive all of these items no later than 4:30 PM ten full working days before the meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow seven business days to receive your license.

AFFIDAVIT

I, the applicant, being duly sworn according to law, depose and say that the responses set forth are true to the best of my knowledge and belief and that the application is made for the purpose of inducing the issuance of the license requested.

I hereby confirm that I have read and agree to abide by all appraiser laws and rules in the State of Delaware and agree to cooperate with any investigation initiated by the Council on Real Estate Appraisers and/or the Division of Professional Regulation including providing relevant documents and personally appearing before the Council and/or any investigators.

Signature of Applicant: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2____.

Notary Signature: _____

SEAL

My commission expires: _____

***APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT
THE REQUIRED PROCESSING FEE WILL BE REJECTED.***